

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ≈ Reno, NV 89509 ≈ (775) 850-1440

NARCOTIC TREATMENT PROGRAM CONTROLLED SUBSTANCE REGISTRATION APPLICATION
Registration Fee: \$80.00 (non-refundable)

Name of Legal Entity: _____

Business Name: _____

Nevada Address: _____ Suite #: _____

PO Box: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Name of Administrator: _____

Medical Director: _____ License #: _____

- | | | |
|----|---|--|
| 1) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) | Has the firm or any owner(s), shareholder(s) with a least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration in any jurisdiction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding by an agency of any jurisdiction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) | Has the firm or any owner(s), shareholder(s) with a least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized narcotic treatment program may be grounds for the revocation of this permit.

Signature of Medical Director

Dated

Signature of Administrator

Dated

Board Use Only

Received: _____ Check Number: _____ Amount: _____